

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90312 042 \*\*\*150.00

0426113 AV

**DOCUMENT # F94000006491**

1. Entity Name  
**LIGHTHOUSE VENTURES, INC.**



Principal Place of Business  
**19980 SCRIMSHAW WAY  
TEQUESTA FL 33469**

Mailing Address  
**19980 SCRIMSHAW WAY  
TEQUESTA FL 33469  
US**

2. Principal Place of Business  
**1237 Avondale LA.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1237 Avondale LA**  
Suite, Apt. #, etc.

City & State  
**WPB. FL.**

City & State  
**WPB FL**

Zip  
**33409**

Country  
**U.S.**

Zip  
**33409**

Country  
**U.S.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **11-2979555** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RELYEA, RICHARD G  
19980 SCRIMSHAW WAY  
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent  
Name **Richard G. Relyea**  
Street Address (P.O. Box Number is Not Acceptable)  
**1237 Avondale LA**  
City **W. P. B** FL Zip Code **33409**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RELYEA, RICHARD G</b> <b>19980 SCRIMSHAW WAY</b> <b>TEQUESTA FL 33469</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)